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Bib Data Sheet

CONFIRMATION NO. 5705

|                                    |   |                     |                               |   |
|------------------------------------|---|---------------------|-------------------------------|---|
| <b>SERIAL NUMBER</b><br>09/735,989 | <b>FILING OR 371(c)<br/>DATE</b><br>12/13/2000<br><b>RULE</b> | <b>CLASS</b><br>424 | <b>GROUP ART UNIT</b><br>1615 | <b>ATTORNEY<br/>DOCKET NO.</b><br>ARC2940R1 |
|------------------------------------|---|---------------------|-------------------------------|---|

**APPLICANTS**

Johan H. Geerke, Los Altos, CA;

**\*\* CONTINUING DATA \*\*\*\*\***

This appln claims benefit of 60/172,371 12/16/1999

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

|   |   |                                   |                                |                               |                                    |
|---|---|-----------------------------------|--------------------------------|-------------------------------|------------------------------------|
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input type="checkbox"/> no<br><input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | <b>STATE OR<br/>COUNTRY</b><br>CA | <b>SHEETS<br/>DRAWING</b><br>2 | <b>TOTAL<br/>CLAIMS</b><br>26 | <b>INDEPENDENT<br/>CLAIMS</b><br>4 |
| Verified and<br>Acknowledged                                | Examiner's Signature _____ Initials _____   |                                   |                                |                               |                                    |

**ADDRESS**

27777

**TITLE**

Dosage forms having a barrier layer to laser ablation

|                                       |   |   |
|---------------------------------------|---|---|
| <b>FILING FEE<br/>RECEIVED</b><br>898 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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